

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF NORTH CAROLINA
CHARLOTTE DIVISION

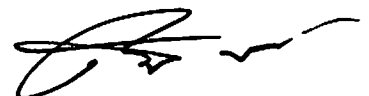
FILED
U.S. BANKRUPTCY COURT, WDNC
NOV 30 2018
Steven T. Salata, Clerk
Charlotte Division/CCH

In Re:)	
)	
ACE MOTOR ACCEPTANCE)	Case No: 18-30426
CORPORATION,)	Chapter 11
)	
Debtor.)	
)	
)	
)	
ACE MOTORS ACCEPTANCE)	
CORPORATION,)	
)	
Plaintiff.)	Adversary Proceeding No 18-3036
)	
v.)	
)	
MCCOY MOTORS, LLC, MCCOY)	
MOTORS, LLC d/b/a RIDE FAST;)	
ROBERT MCCOY JR. and MISTY)	
MCCOY,)	
)	
Defendants.)	
)	

**MOTION FOR ORDER APPOINTING RECEIVER FOR RRD FINANCIAL, LLC and
Auto Finance Center, LLC REQUEST FOR HEARING DATE OF DECEMBER 18, 2018.**

**Robert McCoy Jr. (a Defendant and Party) files this Motion for Order Appointing a
Receiver for RRD Financial, LLC and Auto Finance Center, LLC**

1. On 9/13/2017 approximately six months before Ace filing Bankruptcy Russell Algood (the CEO and Majority Share Holder of the Debtor Ace) filed a Secured party UCC lien against his son David Algood's company RRD Financial, LLC.
2. Also on 9/13/2017 Mr. Algood also filed a Secured party UCC lien against Auto Finance Center, LLC a business technically owned by Ryan Eskandari but David Algood refers to as his dealership but could not get approved for a dealer's license due to his criminal history.
3. David Algood is also a Shareholder in Ace Motor Acceptance Corporation.



4. On 3/15/2018 the day before Ace filed Bankruptcy, Russell Algood released his UCC lien for both companies.
5. This is clear evidence that Ace and its Shareholders were using these two companies to funnel money out of Ace. Leaving the current owners in place has and will continue to do irreparable harm to the Defendant caused by fraud, gross mismanagement, criminal actions, waste and fiduciary duties. As Ace currently controls the Escrow fund but its Shareholders have a history that shows they are likely to misuse those funds.

WHEREFORE, the Debtor prays that it be granted the relief set forth herein, together with other such relief as is just under the circumstances.

CERTIFICATE OF SERVICE

This is to certify that I this day served a copy of the attached DEFENDANT'S MOTION FOR APPOINTMENT OF RECEIVER via Clerk of Court via all parties or their attorney of record requesting notice and via email and/or the United States Post Office to the following:

This 30th day of November, 2018.

Robert McCoy
mccoymotors@live.com
mmmccoy@hotmail.com
robmccoy@comporium.net

LANG LAW FIRM
/s/ Kristin Harmon Lang
Kristin Harmon Lang, Esquire
North Carolina Bar No.: 20539
2439 Plantation Center Drive
Matthews, NC 28105
Phone: 704-907-2203
Fax: 704-847-1452
kharmonlang@gmail.com

THE HENDERSON LAW FIRM
/s/ James H. Henderson
James H. Henderson
State Bar No. 13536
1201 Harding Place



Charlotte, NC 28105
Phone: 704-333-3444
Fax: 704-333-5003
henderson@title11.com

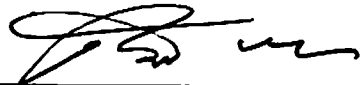
DAVID R ALGOOD
12719 LINDRICK LANE
CHARLOTTE, NC 28277

RRD FINANCIAL, LLC
11201 E INDEPENDENCE BLVD
MATTHEWS, NC 28105

AUTO FINANCE CENTER, LLC
COSTNER LAW OFFICE, PLLC
10125 BERKELEY PLACE DRIVE
CHARLOTTE, NC 28262

RYAN ESKANDARI
11201 E INDEPENDENCE BLVD
MATTHEWS, NC 28105

Respectfully submitted this 30th day of November, 2018



Robert McCoy Jr.
11915 John K Hall Way
Charlotte, NC 28277
Email: robmccoy@comporium.net

File Number: 20180025348E
 Date Filed: 3/15/2018 10:07:00 AM
 Elaine F. Marshall
 NC Secretary of State

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Lien Solutions				
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 </div>				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20170094725J		1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13		
2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement				
3. <input type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8				
4. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law				
5. <input type="checkbox"/> PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record				
AND Check one of these three boxes to: <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b				
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)				
6a. ORGANIZATION'S NAME				
OR				
6b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)				
7a. ORGANIZATION'S NAME				
OR				
7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7c. MAILING ADDRESS		CITY		STATE
POSTAL CODE		COUNTRY		
8. <input type="checkbox"/> COLLATERAL CHANGE: Also check one of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate collateral:				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor				
9a. ORGANIZATION'S NAME RUSSELL ALGOOD				
OR				
9b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)
SUFFIX		10. OPTIONAL FILER REFERENCE DATA: NC-0-63086686-54822864		



File Number: 20170094725J
 Date Filed: 9/13/2017 1:50:00 PM
 Elaine F. Marshall
 NC Secretary of State

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Labiner, Howard Mark	
B. E-MAIL CONTACT AT FILER (optional) hmlabiner@hotmail.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Howard Mark Labiner PO Box 3425 Matthews, NC 28106-3425	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME RRD Financial, LLC				
OR	1b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS 12719 Lindrick Lane		CITY Charlotte	STATE NC	POSTAL CODE 28277
			COUNTRY USA	

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME Auto Finance Center, LLC				
OR	2b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. MAILING ADDRESS 10125 Berkeley Place Drive		CITY Charlotte	STATE NC	POSTAL CODE 28262
			COUNTRY USA	

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME				
OR	3b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME Russell	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS 11830 Dan Maples Drive		CITY Charlotte	STATE NC	POSTAL CODE 28277
			COUNTRY USA	

4. COLLATERAL: This financing statement covers the following collateral:

To secure payment and performance of all obligations, Debtors hereby grant Secured Party a Purchase Money Security Interest in all inventory, equipment, and goods owned or distributed by Debtors, whenever sold, consigned, leased, rented or delivered, directly or indirectly, to or for the benefit of Debtors, wherever located, now owned or hereinafter acquired, including, but not limited to, equipment, fixtures, tools, furniture, office supplies, telephone systems, computer systems, motor vehicles, accessories, depository accounts, cash, accounts receivables, chattel paper, general intangibles, investment accounts and other investment fund accounts. The security interest extends to all repossessions and returns, and any and all proceeds from the sale of, lease of or rental of, any and all existing or subsequently arising vehicles, equipment, fixtures, tools, furniture, supplies, accounts and accounts receivable, chattel paper, depository accounts, cash, general intangibles and supporting obligations which it/they may, have from time to time, or which come into existence during the term of this Security Agreement.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

RRD Financial

• File an Annual Report/Amend an Annual Report • Upload a PDF Filing • Order a Document Online •
Add Entity to My Email Notification List • View Filings • Print an Amended a Annual Report form • Print a
Pre-Populated Annual Report form

Exhibit-C

Limited Liability Company

Legal Name

RRD Financial, LLC

Information

SosId: 1604173

Status: Current-Active

Annual Report Status: Current

Citizenship: Domestic

Date Formed: 6/21/2017

Registered Agent: Algood, David

Addresses

Mailing

11201 E Independence Blvd
Matthews, NC 28105

Principal Office

11201 E Independence Blvd
Matthews, NC 28105

Reg Office

12719 Lindrick Ln.
Charlotte, NC 28277

Reg Mailing

12719 Lindrick Ln.
Charlotte, NC 28277

Company Officials

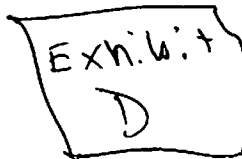
All LLCs are managed by their managers pursuant to N.C.G.S. 57D-3-20.

Chief Executive Officer

David R Algood
12719 Lindrick Lane
Charlotte NC 28277



• File an Annual Report/Amend an Annual Report • Upload a PDF Filing • Order a Document Online •
Add Entity to My Email Notification List • View Filings • Print an Amended a Annual Report form • Print a
Pre-Populated Annual Report form



Limited Liability Company

Legal Name

Auto Finance Center, LLC

Information

SosId: 1598302

Status: Current-Active

Annual Report Status: Current

Citizenship: Domestic

Date Formed: 5/26/2017

Registered Agent: Costner Law Office, PLLC

Addresses

Reg Office

10125 Berkeley Place Drive
Charlotte, NC 28262

Reg Mailing

10125 Berkeley Place Drive
Charlotte, NC 28262

Mailing

11201 E Independence Blvd
Matthews, NC 28105

Principal Office

11201 E Independence Blvd
Matthews, NC 28105

Company Officials

All LLCs are managed by their managers pursuant to N.C.G.S. 57D-3-20.

President

Ryan Eskandari
11201 E Independence Blvd
Matthews NC 28105